



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD046422812

INSTALLATION ADDRESS

OLIN CORP METALS RESEARCH LABORATORIES
91 SHELTON AVE
NEW HAVEN CT 06511

91 SHELTON AVE
NEW HAVEN

CT 06511

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT 046422812 Company Name: BlunCorp

Date of Request: 3/15/96 Town: New Haven

TSTV
4/8/96
QC
4/10/96

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	Mike Roark	Kenneth J. Surina	1995. HAZ. Waste Rep.
b. Installation Contact's Title		Technical Associate	"
c. Installation Contact's Phone	(203) 789-5710	(203) 445-8550 X5833	"
V.a. Ownership			
b. Property Owner			
VI. Status	Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility	Change Status to:	

REQUEST FOR CHANGE

Note: If your company is moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 046422812

Company Name: OLIN CORP METALS

Date of Request: 7/27/95

Town: NEW HAVEN

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	DENNIS REILLY	MIKE ROARK	PER 93 GEN REPORT
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

9.8.95
JL

pg 17/28/87

2/87

REQUEST FOR CHANGE

EPA ID #: CTD 046422812

COMPANY NAME: Olin Corp-Metals Research

TOWN: New Haven

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Martin Dempsey	Dennis Reilly	
b.	Installation Contact Title		Engineering Supervisor	
c.	Installation Contact Phone #		203-789-5710	ok
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to: Generator	Increasing research efforts
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

MB 2 23-87

not on shelf
Mike O'Brien

REQUEST FOR CHANGE

EPA ID #:

CTD 046422812

COMPANY NAME:

Olin, metals Research lab

TOWN:

New Haven

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Martin	Reilly, Dennis	1987 SQG report
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

NOV 30 1987

Please print or type with ELITE type (12 characters per line) in the unshaded areas only

For. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OTUnited States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

C T D 0 4 6 4 2 2 8 1 2

T/A C
1

87 11 20

009
NEW HAVEN

I. Name of Installation

O L I N M E T A L R E S E A R C H L A B

II. Installation Mailing Address

Street or P.O. Box

C
3

9 1 S H E L T O N A V E N U E

City or Town

State

ZIP Code

C
4

N E W H A V E N

C T

0 6 5 1 1

III. Location of Installation

Street or Route Number

C
5

S A M E

City or Town

State

ZIP Code

C
6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

R E I L L Y D E N G S U P V

2 0 3 7 8 9 5 7 1 0

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

O L I N C O R P O R A T I O N

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

C T D 0 4 6 4 2 2 8 1 2

D — For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

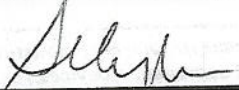
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

D. E. Tyler, Vice President

Date Signed

11/18/87

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

[illegible]

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

	13		14		15		16		17		18
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	19		20		21		22		23		24
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	25		26		27		28		29		30
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31						32						33						34						35						36					
23	-				26	23	-				26	23	-				26	23	-				26	23	-				26						
37						38						39						40						41						42					
23	-				26	23	-				26	23	-				26	23	-				26	23	-				26						
43						44						45						46						47						48					
23	-				26	23	-				26	23	-				26	23	-				26	23	-				26						

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54	
23	- 26	23	- 26	23	- 26	23	- 26	23	- 26	23	- 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

ADP

M. J. Pryor, Vice President
of Research

4-29-85



120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT 06904-1355

RORA RECORDS CENTER
FACILITY Olin Corp
ID. NO. CT D046422812
FILE LOC. R-1B

CARLTON S. CHEN

Associate Counsel
Phone: 203 356-2341
Fax: 203 356-2011TELECOPY MESSAGE

Date:

4/16/91

PLEASE DELIVER THIS TELECOPY MESSAGE TO:

Name:

David A. Nash / George Dews

Location:

CT DEP
Hartford

Fax #

8-203-565-5255

Total number of pages (including cover sheet):

2From: Carlton S. Chen, Esquire
Olin Corporation
120 Long Ridge Road
Stamford, CT 06904-1355
U.S.A.

Telephone: (203) 356-2341 DDT: 423-2341

Telecopy: (203) 356-2011 (or intercompany 8-923-2011)

COMMENTS:*John.**Olin decided to withdraw on
due date for 1st POD response**George*PLEASE CALL ME IF THE TELECOPY YOU RECEIVED IS INCOMPLETE OR
ILLEGIBLE. MY TELEPHONE NUMBER IS (203) 356-3730 (or
intercompany 8-423-3730). ASK FOR SUSAN MICHAELSON.

O L I N C O R P O R A T I O N

7244J



120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT 06904-1355

CARLTON S. CHEN

Associate Counsel
Phone: 203 356-2341
Fax: 203 356-2011

April 15, 1991

VIA FAX

Mr. David A. Nash
Director
Engineering and Enforcement Division
Bureau of Waste Management
State of Connecticut
Department of Environmental Protection
165 Capitol Avenue
Hartford, CT 06106

Dear Mr. Nash:

This letter constitutes formal notice of our withdrawal of our application for a RCRA Part B Permit at our Northeast Process Technology Center, New Haven, Connecticut.

As we discussed by telephone this afternoon with George Dews of your staff, we will meet with him to discuss the submittal of our revised closure plan for the facility. This meeting will take place at his office on April 18, 1991 at 1:30 p.m.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Carlton S. Chen".

Carlton S. Chen

CSC/deh

cc: George Dews
Carl G. Seefried